PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/609014

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
(Column 1)					(Colu	mn 2)	T	YPE		OR			
TOTAL CLAIMS			40					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TO	TAL CHARGEA	40 min	-() minus 20=		*		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 3 =					*		Ī	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2	L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMG	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86= .		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
							L	TOTAL		OR	TOTAL ADDIT. FEE		
		P	ADDIT. FEE		•	ADDII. I EE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	**	RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
MEN	Independent	*	Minus	***		=]	X43=		OR	X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 4 5			+290=		
							l	+145= TOTAL		OR	TOTAL		
							P	ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	-			_			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	**		= .] [X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						│	+145=		OR	+290=		
* 1	f the entry in colu	mn 1 is less than t	the entry in colu	umn 2, writ	e "0" in co	olumn 3.	L	TOTAL		ł	TOTAL	 	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												